



NICOZ DIAMOND
NICOZ DIAMOND INSURANCE LIMITED
Short term Insurance, Long term benefits

*Head Office, Insurance Centre, 30 Samora Machel Avenue, P.O. Box 1256, Harare, Zimbabwe
Tel: 263-4-701133, 704911-4, 700346, Fax: 263-4-704134, 700083*

BUSINESS INSURANCE PROPOSAL FORM

Name of Proposer: _____
Names of Directors: _____
Postal Address: _____
Physical Address/ s: _____
Telephone No.: _____
Email Address: _____
Nature of Business: _____
Period of Insurance: From _____ to _____

A. FIRE SECTION

	<u>Description</u>	<u>Sum Insured</u>	<u>Rate</u>	<u>Annual Premium</u>
1.	Buildings	\$ _____	_____	\$ _____
2.	Stock In Trade	\$ _____	_____	\$ _____
3.	Raw Materials	\$ _____	_____	\$ _____
4.	Other Contents	\$ _____	_____	\$ _____
5.	Plant/ Machinery	\$ _____	_____	\$ _____
	TOTALS	\$ _____		\$ _____

B. LOSS OF PROFITS

	<u>Description</u>	<u>Sum Insured</u>	<u>Rate</u>	<u>Annual Premium</u>
1.	Gross Profit	\$ _____		\$ _____
2.	Gross Rentals	\$ _____	_____	\$ _____
3.	Fines and Penalties	\$ _____	_____	\$ _____
4.	Claims Costs	\$ _____	_____	\$ _____
	Indemnity Period _____ months			

C. ACCOUNTS RECEIVABLE SECTION

	<u>Description</u>	<u>Sum Insured</u>	<u>Rate</u>	<u>Annual Premium</u>
1.	Outstanding Debtors	\$ _____	0.150%	\$ _____
2.	Auditors' Fees	\$ _____	0.150%	\$ _____

- a. For how long have you been in business? years
- b. Do you keep your books of accounts and records securely locked within fire resisting safes or strongrooms at night and at all times when the premises are not open for business, except when such books and records are in use?
- c. Do you adopt any system of duplicating your records? **Yes/No**
If so, state method and where duplicators are kept
- d. State percentage of bad debt written off in last two years?.....

D. THEFT/BURGLARY SECTION

	<u>Description</u>	<u>Sum Insured</u>	<u>Rate</u>	<u>Annual Premium</u>
1.	Qualified Theft*	\$ _____		\$ _____

Note:

**Theft following violent entry into or exit from premises.*

E. MONEY SECTION

	<u>Description</u>	<u>Sum Insured</u>	<u>Rate</u>	<u>Annual Premium</u>
1.	Not contained in a locked safe/strongroom (petty cash)	\$ _____		
2.	At the residence of directors or Employees	\$ _____		
3.	In a locked safe/strongroom or In transit to or from the bank	\$ _____		\$ _____
4.	Seasonal increase	\$ _____		\$ _____
5.	Worldwide business travel	\$ _____		
6.	Crossed cheques	\$ _____		

F. GOODS IN TRANSIT SECTION

	<u>Description</u>	<u>Sum Insured</u>	<u>Rate</u>	<u>Annual Premium</u>
1.	Goods carried on Insured's own vehicles	\$ _____		\$ _____

G. GLASS SECTION

	<u>Description</u>	<u>Sum Insured</u>	<u>Rate</u>	<u>Annual Premium</u>
1.	Internal and external			

glass including lettering
and ornamentation \$ _____ \$ _____

H. BUSINESS ALL RISKS SECTION

	<u>Description</u>	<u>Sum Insured</u>	<u>Rate</u>	<u>Annual Premium</u>
1.	Office equipment and machines	\$ _____	3%	\$ _____
2.	Cellular telephones	\$ _____	15%	\$ _____
3.	Pedal cycles	\$ _____	10%	\$ _____
4.	Other _____	\$ _____	3%	\$ _____

I. PUBLIC LIABILITY SECTION

	<u>Description</u>	<u>Limit of Liability</u>	<u>Rate</u>	<u>Annual Premium</u>
1.	General Liability	\$ _____	0.15%	\$ _____
2.	Property Owner's Liability	\$ _____	0.15%	\$ _____
3.	Tenant's Liability	\$ _____	0.15%	\$ _____
4.	Products Liability	\$ _____	0.2% x t/over	\$ _____
5.	Products Recall Liability	\$ _____	10% x t/over	\$ _____
6.	Employer's Residual Liability	\$ _____	0.025% x w/bill	\$ _____

J. GROUP PERSONAL ACCIDENT SECTION

	<u>Description</u>	<u>Sum Insured</u>	<u>Rate</u>	<u>Annual Premium</u>
1.	Death	3 years' current annual earnings		
2.	Permanent Disablement	A percentage of the death benefit		
3.	Temporary Total Disablement	100% current weekly earnings for 104 weeks		
4.	Medical Expenses	\$ _____		

K. FIDELITY GUARANTEE SECTION

	<u>Description</u>	<u>Sum Insured</u>	<u>Rate</u>	<u>Annual Premium</u>
1.	Loss due to theft or fraud by employees or directors	\$ _____	10%	
		\$ _____		

L. ELECTRONIC EQUIPMENT SECTION

	<u>Description</u>	<u>Sum Insured</u>	<u>Rate</u>	<u>Annual Premium</u>
1.	All computers, printers, faxes, and ancillary equipment	\$ _____		\$ _____
2.	Laptop computers	\$ _____		\$ _____
3.	External Data Media	\$ _____		\$ _____

4.	Reconstitution of Data	\$ _____	\$ _____
5.	Increased Cost of Working	\$ _____	\$ _____
	Indemnity Period	_____ months	

M. MACHINERY BREAKDOWN SECTION

a.	<u>Description</u>	<u>Sum Insured</u>	<u>Rate</u>	<u>Annual Premium</u>
1.	Generators	\$ _____	3%	\$ _____
2.	Other machinery (coldrooms, etc)	\$ _____	1.2%	\$ _____
3.	Deterioration of Stock	\$ _____	0.85%	\$ _____
4.	Loss of profits	\$ _____	0.85%	\$ _____

N. OPEN MARINE

<u>Description</u>	<u>Sum Insured</u>	<u>Rate</u>	<u>Annual Premium</u>
Estimated annual imports	\$ _____		
Estimated annual exports	\$ _____		
Conveyance	Air, Rail, Road, Sea		
Basis of Valuation	Gross Invoice Value		

P. GENERAL INFORMATION SECTION

1. Have you or your partners/ directors ever had:

- | | | |
|----|---|---------------|
| a. | Insurance refused? | Yes/No |
| b. | Policies or renewal declined? | Yes/No |
| c. | Premiums increased or special conditions imposed? | Yes/No |
| d. | Been insolvent or compromised with creditors? | Yes/No |

If Yes, state when and reasons:

2. Are other insurances now in force? **Yes/No**

If yes state with which insurer and dates of expiry _____

3. Have you suffered losses for which insurance is now being sought? **Yes/No**

If yes, state details of loss sustained and the date/s of occurrence

4. Are there any parties interested in any of the property insured?

If yes, please state _____

Declaration by Proposer/s:-

I/We _____ declare that the information contained in this proposal is true to the best of our knowledge, and forms the basis of the contract of insurance between ourselves and the Company.

Signed: _____

Proposer

Date _____